Gα$_{q/11}$ signaling counteracts endothelial dysfunction in the brain and protects cognition in

aged mice

Dimitrios Spyropoulos[1,2], Dorothea Ziemens[1,2], Géza Adam Curley[1], Anne-Sophie Gutt[1], Ákos

Menyhárt[3,4], Jan Sedlacik[5], Peter Ludewig[6], Jens Fiehler[5], Gereon Hüttmann[7,8], Thomas

Andrew Longden[9], Ruben Nogueiras[10], Vincent Prevot[11], Stefan Offermanns[12], Eszter Farkas[3,4],

Markus Schwaninger[1,2], and Jan Wenzel[1,2]

[1] Institute of Experimental and Clinical Pharmacology and Toxicology, Center of Brain,

Behavior and Metabolism (CBBM), University of Lübeck, Lübeck, Germany

[2] German Research Centre for Cardiovascular Research (DZHK), Hamburg-Lübeck-Kiel,

Germany

[3] Hungarian Centre of Excellence for Molecular Medicine – University of Szeged, Cerebral

Blood Flow and Metabolism Research Group, Szeged, Hungary

[4] Department of Cell Biology and Molecular Medicine, Albert Szent-Györgyi Medical School

and Faculty of Science and Informatics, University of Szeged; Szeged, Hungary

[5] Department of Diagnostic and Interventional Neuroradiology, University Medical Center

Hamburg-Eppendorf, Hamburg, Germany

19
[6] Department of Neurology, University Medical Center Hamburg-Eppendorf, Hamburg,

Germany

[7] Institute of Biomedical Optics, University of Lübeck, Lübeck, Germany

[8] German Center of Lung Research (DZL), Gießen, Germany

[9] Department of Physiology, School of Medicine, University of Maryland, Baltimore, USA

[10] Department of Physiology, CIMUS, University of Santiago de Compostela-Instituto de

Investigación Sanitaria, Santiago de Compostela, Spain

[11] University of Lille, Inserm, CHU Lille, Laboratory of Development and Plasticity of the

Neuroendocrine Brain, Lille Neuroscience & Cognition, UMR-S 1172, DISTALZ, EGID, Lille,

France.

[12] Department of Pharmacology, Max Planck Institute for Heart and Lung Research, Bad

Nauheim, Germany

Corresponding author:

Jan Wenzel

Institute of Experimental and Clinical Pharmacology and Toxicology, Center of Brain, Behavior

and Metabolism (CBBM), University of Lübeck, Ratzeburger Allee 160, 23562 Lübeck, Germany

(+49) 451-3101-7224

Jan.wenzel@uni-luebeck.de

Conflict of interest:

The authors hereby declare that there is no conflict of interest.

INTRODUCTORY PARAGRAPH

Cognitive impairment is a major medical problem in the aging population. The risk of

developing cognitive impairment is higher in several systemic conditions like hypertension,

diabetes, and obesity[1-3]. While a vascular contribution to cognitive impairment in these

pathologies is well established, the underlying mechanisms are not fully understood[4].

Endothelial dysfunction, which frequently accompanies the abovementioned conditions and

increases with age[5-7], might be a key causal and mechanistic factor in cognitive deficits

associated with systemic conditions.

In this study, we demonstrate that the inducible deletion of the $G\alpha_{q/11}$ signaling pathway in

brain endothelial cells leads to an impaired reactivity of the brain vasculature to vasodilating

stimuli such as neuronal activity, representing an isolated cerebral endothelial dysfunction.

These mice develop mild cognitive impairment with aging that could be explained by

increased tau phosphorylation, decreased myelination, and capillary rarefaction, suggesting

that endothelial cell-driven processes protect cognition in aging and providing a mechanistic

explanation for how endothelial dysfunction can lead to cognitive impairment in cerebral

small vessel disease.

MAIN TEXT

Vascular impairment in the central nervous system is implicated in the development of

cognitive dysfunction in the elderly, and several systemic diseases are associated with an

increased risk of cognitive and vascular deficits[4,6]. Cerebral small vessel disease (cSVD) is

considered to be a leading cause of dementia and lacunar stroke[8,9], but the mechanistic role

of endothelial dysfunction in this pathology remains unclear.

The cerebral vasculature responds to short-term stimuli such as neuronal activity, carbon

dioxide, or acute changes in blood pressure through vasodilation or constriction[10]. In addition,

a long-term adaptation of the vasculature occurs in pathological conditions like hypertension,

diabetes, and obesity[11-13]. Vascular dementia, a severe form of cognitive impairment, is

strongly associated with hypertension and cSVD, and it may also be caused by specific

mutations in genes affecting vessel composition, such as *NOTCH3* or *COL4A1*[4]. Maladaptation

of the cerebral vasculature to underlying diseases may be involved in the development of

cognitive dysfunction, and cSVD is especially associated with white matter alterations[4,14,15],

early markers in aging-related cognitive decline. Here, we sought to develop a mouse model

of cerebral endothelial dysfunction that is not caused by an underlying pathological condition,

in order to test the hypothesis that a dysfunctional brain endothelium could cause cSVD and

cognitive dysfunction.

The endothelial $G\alpha_{q/11}$ signaling pathway is involved in sensing several blood-borne cues in

the peripheral vasculature, including shear stress[16]. The deletion of this pathway in all

endothelial cells results in hypertension[16], whereas deletion only in the brain endothelium

does not alter systemic blood pressure[17]. Several factors, such as thrombin and

prostaglandins, act on endothelial receptors that are coupled to $G\alpha_{q/11}$ proteins. However, it

is unclear whether this signaling is protective or contributes to age-related deterioration.

The cerebral vasculature and especially capillary endothelial cells undergo profound changes

during aging[18,19], which are partially reversed by young plasma exposure[18], suggesting an

altered role of sensing and transducing mechanisms in brain endothelial cells. The acute

response to vasodilatory stimuli reflects the ability of the vasculature to change perfusion and

supply oxygen and nutrients, and is strongly impaired in endothelial dysfunction.

In order to ascertain the function of the endothelial $G\alpha_{q/11}$ pathway in cerebrovascular

vasodilation, we exposed mice lacking $G\alpha_{11}$ and $G\alpha_q$ specifically in the brain endothelium

($G\alpha_{q/11}$[beKO]) to carbon dioxide (CO_2). As previously demonstrated[17], the acute responsiveness

to CO_2 was significantly reduced (Fig. 1A-C). Additionally, mice lacking the endothelial $G\alpha_{q/11}$

pathway in the brain exhibited an impaired vascular response to neuronal activity induced by

whisker pad stimulation (Fig. 1D-F). In comparable experiments, we did not observe any

difference in neuronal activity as measured by local field potentials (Fig. 1G and H), thus

confirming an acute endothelium-mediated mechanism acting downstream of neuronal

activity.

The genetic strategy used to induce the deletion of the $G\alpha_{q/11}$ signaling pathway in brain

endothelial cells involves the whole-genome deletion of *Gna11* and the inducible deletion of

Gnaq using the brain endothelial-specific driver mouse line *Slco1c1*-CreER[T2] [20]. In *Gna11*

knockout mice, the neurovascular coupling response was similar to that in control mice

(Extended Fig. 1A and B), indicating that whole-genome deletion of $G\alpha_{11}$ alone does not

interfere with neurovascular coupling. Additionally, as *Slco1c1*-CreER[T2] mice show some minor

recombination in astrocytes[20], we also assessed the neurovascular coupling response in

astrocyte-specific $G\alpha_{q/11}$ knockout mice using a Glast-CreER[T2] mouse line[21]. In these mice, the

perfusion response to whisker pad stimulation was similar to that in control mice (Extended

Fig. 1C and D), supporting the finding that the early phase of vasodilatory responses to

neuronal stimulation is not mediated by intracellular calcium release via $Gα_{q/11}$-IP_3R signaling

in astrocytes[22]. However, prolonged stimulation might have produced different results since

astrocytic calcium is involved in the later, sustained phase of neurovascular coupling[23].

Brain endothelial $Gα_{q/11}$ proteins have been shown to affect ion channel activities, some of

which affect neurovascular coupling responses[24-26]. Nevertheless, it is still not yet clear

whether endothelial $Gα_{q/11}$ proteins themselves are involved in the vasodilation upon

neuronal activity. To validate our findings, we repeated the experiments in a different

laboratory environment using alternative anesthesia and without artificially ventilating the

mice. Consistent with the former results, we found that $Gα_{q/11}^{beKO}$ mice exhibited a reduced

perfusion response compared to control mice (Fig. 1I and J). In summary, the vascular

response to neuronal activity or carbon dioxide is strongly impaired in $Gα_{q/11}^{beKO}$ mice

indicating a cerebral endothelial dysfunction similar to the human situation in cSVD[4,9].

Functional impairment of the brain´s vasculature may be accompanied or even caused by

morphological alterations of the vessel structure. Previously, we demonstrated that the

endothelial cells of the main arteries in the brain show recombination in *Slco1c1*-CreER[T2]

mice[27]. Tissue sections from the head-supplying arteries using the reporter mouse line

Slco1c1-CreER[T2];Ai14[+/fl 28] confirmed that the recombination leading to tdTomato expression

in this mouse line affected the internal carotid artery starting from the bifurcation but not the

external carotid artery (Extended Fig. 2). We next sought to determine whether changes in

brain-supplying vessels brought about functional impairment in $Gα_{q/11}^{beKO}$ mice and used two

techniques – time-of-flight (TOF) angiography and two-photon microscopy – to trace the

vasculature from the arterial level down to the capillary level in living mice.

The three-dimensional reconstruction of TOF angiography (Fig. 2A, Extended Fig. 3) and

analyses of two main arterial vascular trees, namely the middle and the posterior cerebral

artery (MCA and PCA, respectively), revealed no major differences in terms of diameter,

overall volume, or straightness between control and $G\alpha_{q/11}{}^{beKO}$ mice (Fig. 2A-H), although the

PCA and its branches in $G\alpha_{q/11}{}^{beKO}$ mice showed a little reduction in straightness and had

slightly higher volumes than those in control mice (Fig. 2F, H). However, this technique has a

limited spatial resolution and only detects large arteries and arterioles on the surface of the

brain. As vascular resistance and flow regulation are primarily mediated by smaller arterioles

and first-order capillaries[10], we used two-photon microscopy to examine the vasculature in

greater detail (Fig. 2I). We recorded volumes of the cortical vasculature along entire vascular

trees (Fig. 2I, left panel) as well as fast line scans along individual vessels to calculate blood

flow velocity (Fig. 2I, right panels). No differences were found between control and $G\alpha_{q/11}{}^{beKO}$

mice in terms of arteriolar or capillary diameter (Fig. 2J, L), or red blood cell speed (Fig. 2M),

thus extending the TOF-angiography results to smaller blood-supplying vessels. Interestingly,

the diameter of venules was smaller in $G\alpha_{q/11}{}^{beKO}$ compared to control mice (Fig. 2K) without

affecting the RBC velocity (Fig. 2M), suggesting an impairment of the passive venular part of

the vascular tree and might hint at an impaired blood drainage. Finally, we used arterial spin

labeling MRI to determine whether these small vascular alterations affected overall perfusion

in several brain regions; however, we found no differences between $G\alpha_{q/11}{}^{beKO}$ and control

mice (Fig. 2N and O).

Endothelial dysfunction is a feature of cSVD, which is linked to cognitive impairment[14,29,30].

$G\alpha_{q/11}{}^{beKO}$ mice offer an opportunity to investigate the cognitive consequences of an isolated

functional impairment of the brain endothelium in the absence of an underlying pathological

condition. To test memory, we performed object-place recognition tests (Fig. 3A) before

inducing the knockout at eight weeks of age (Fig. 3B) and at various time points subsequently

during the lifespan of the same mice (Fig. 3C-E). Interestingly, only $G\alpha_{q/11}{}^{beKO}$ mice at the age

of 18 months failed to reach a significant preference for the replaced object, indicating a mild

cognitive deficit (Fig. 3E). To further investigate memory function in these old mice, we

performed a Barnes maze test when they were 20-22 months old (Fig. 3F). During the learning

phase of the test, control mice displayed the expected improvement in their search strategy

with the most of the single tests being solved by directly finding the hole on day five (Fig. 3G

and I). $G\alpha_{q/11}^{beKO}$ mice, in contrast, had a marked improvement from day one to day two of

the learning phase but failed to improve further in subsequent days (Fig. 3H). On day five, they

utilized significantly fewer direct strategies to find the hole than the control mice did (Fig. 3I).

Also, the primary latency, until the hole was found, was higher in $G\alpha_{q/11}^{beKO}$ mice throughout

almost the whole learning phase (Fig. 3J). Lastly, on the test days, $G\alpha_{q/11}^{beKO}$ mice performed

worse than control mice, showing a significantly higher number of primary errors and latency

on day six, but not on day 17 (Fig. 3K and L), indicating mild cognitive deficits and prolonged

duration of memory retrieval.

It has been recently shown that cerebral endothelial dysfunction induced by high dietary salt

gives rise to increased tau phosphorylation due to reduced nitric oxide (NO) release, leading

to cognitive impairment[31]. Hyperphosphorylation of tau is a hallmark of certain

neurodegenerative diseases and causes cognitive impairment via neuronal dysfunction[32]. NO

release is strongly induced by the activation of endothelial $G\alpha_{q/11}$ signaling, which activates

the endothelial NO synthase, and this could provide a link between cerebrovascular and

cognitive dysfunction in $G\alpha_{q/11}^{beKO}$ mice. Therefore, we measured tau phosphorylation in the

hippocampus and cortex of $G\alpha_{q/11}^{beKO}$ and control mice. We found increased phosphorylation

(Fig. 3M and Extended Fig. 4A-C) at epitopes that promote tau aggregation and neuronal

dysfunction (pSer202/pThr205 by AT8 and pThr231 by AT180 antibodies)[32].

Immunofluorescence staining of neuronal and synaptic markers showed that the number of

neurons and synapses in the hippocampus and cortex of aged Gα$_{q/11}$^{beKO} mice was unchanged

(Extended Fig. 5 and Extended Fig. 6A and B), indicating normal cellular morphology and a

functional deficit in these brain regions rather than a morphological one. In addition, the

expression of brain-derived neurotrophic factor (BDNF), a neuroprotective protein[33] whose

presence in endothelial cells is essential for memory function[34], was not altered in cortical and

hippocampal tissue of aged Gα$_{q/11}$^{beKO} mice as well (Extended Fig. 6C and D). However, early

markers of vascular dementia in humans include white matter alterations with increased

hyperintensities indicating disturbed myelination[4,14]. Therefore, we examined the myelination

levels by staining for myelin basic protein (MBP) in grey and white matter areas in different

regions along the mouse brain (Fig. 4A-D). We found decreased myelination in the posterior

part of the forebrain, which was most prominent in the white matter of the corpus callosum

(Fig. 4C and D). Together with increased tau phosphorylation, this finding suggests that brain

endothelial Gα$_{q/11}$ signaling protects against neuronal dysfunction in aged mice. Interestingly,

we observed no signs of neuroinflammation in different brain regions of aged Gα$_{q/11}$^{beKO} mice

when stained for microglia and astrocytic activation (Extended Fig. 6E-I).

The cognitive impairment in old Gα$_{q/11}$^{beKO} mice has an endothelial origin. Therefore, we

investigated the vessel structure of these mice by staining. Indeed, we found an increased

level of so-called string vessels – empty basement membrane tubes that indicate endothelial

cell death[35] – in all the areas we investigated in aged but not adult Gα$_{q/11}$^{beKO} mice (Fig. 4E and

F, Extended Fig. 7A-C). The increase in string vessels was most apparent in the corpus callosum

and it was accompanied by a decrease in vessel density in this region (Fig. 4F and G). This is

notable given that the corpus callosum has a lower vascular density than the cortex and

hippocampus (Fig. 4G, Extended Fig. 7D), and it may explain the decreased myelination in this

region in Gα$_{q/11}$^{beKO} mice since small vessels are discussed to contribute to white matter

changes in aging[36]. In addition to the vascular deficit, we also found a slight increase in BBB

permeability in the hippocampus but not the cortex, measured by albumin content in brain

tissue of aged perfused $G\alpha_{q/11}^{beKO}$ mice (Fig. 4H). $G\alpha_{q/11}$ signaling in endothelial cells is related

not only to NO release but also to signaling by VEGF, a vasoprotective agent[37]. The loss of

endothelial cells in the brain might be caused by reduced VEGF signaling although we did not

observe any differences in plasma VEGF levels between control and $G\alpha_{q/11}^{beKO}$ mice (Extended

Fig. 7E). However, the protein levels of the main VEGF receptor downstream of $G\alpha_{q/11}$

signaling, $VEGFR_2$, were reduced in the brains of aged $G\alpha_{q/11}^{beKO}$ mice (Fig. 4I). Since many

regressing blood vessels in the brain were recently shown to regrow again[38], an impaired

$VEGFR_2$-related vessel proliferation might contribute to the increased occurrence of string

vessels in those mice. Disturbed vascularization and impaired VEGF signaling in the whole

body are strongly correlated with a decreased lifespan[39]. If the brain plays an essential role in

determining life expectancy, this effect could help explain the increased mortality rate

observed in $G\alpha_{q/11}^{beKO}$ mice in the course of aging (Extended Fig. 7F).

In summary, we present a mouse model of an inducible and isolated cerebral endothelial

dysfunction that leads to an impaired cerebrovascular reactivity to CO_2 and neuronal activity

in adult mice. As they age, these mice develop some mild cognitive impairment, indicating a

causal relationship between endothelial dysfunction and cognitive deficits. While many

diseases lead to endothelial dysfunction and cognitive deficits, it is unclear whether

endothelial dysfunction itself contributes to impaired brain function. Here, we show that

reduced endothelial GPCR signaling and vascular reactivity result in increased tau

phosphorylation in the cortex and the hippocampus. This effect could be explained by reduced

NO release from endothelial cells as demonstrated previously in primary cells of this mouse

line[17]. Endothelium-derived mediators such as NO and VEGF affect not only the vasculature

but are also essential for neuronal function[40]. Reduced expression of $VEGFR_2$ in the brains of

these mice suggests a local imbalance of factors affecting vascular as well as neuron-mediated

functions. Based on neuronal and synaptic markers, we demonstrate that neurons of

$G\alpha_{q/11}^{beKO}$ mice are not morphologically but functionally impaired, leading to reduced memory

retrieval in aged mice. The combination of old age and impaired cerebrovascular reactivity

leads to an increased occurrence of string vessels in various regions and capillary rarefaction

in the white matter of the brain. String vessels due to the loss of endothelial $G\alpha_{q/11}$ signaling

were most prevalent in the white matter of the brain in aged mice, suggesting that these areas

are particularly susceptible to vascular dysfunction. The reduced myelin content may partially

explain the memory impairment in these mice, since a similar phenomenon is discussed to

contribute to cognitive impairment in patients with small vessel disease[41], and loss of white

matter during aging contributes to cognitive decline[42]. Interestingly, the white matter is

severely affected in cerebral small vessel diseases[4,43], and string vessels are a feature of other

models of cerebral small vessel diseases as well[27,44,45]. Increased mortality in $G\alpha_{q/11}^{beKO}$ mice

during aging may be explained by vascular rarefaction and increased blood-brain barrier

permeability, which could lead to epileptic seizures or ischemic events. $VEGFR_2$ expression

was reduced in aged $G\alpha_{q/11}^{beKO}$ mice, which may be critical for the development of string

vessels, as it has been shown to mediate the survival of physiologically obstructed capillaries

and thereby prevent pruning[46].

$G\alpha_{q/11}^{beKO}$ mice provide a new model for investigating age-induced and endothelium-

mediated cognitive impairment, making them ideal for exploring the mechanisms and targets

of neurovascular dysfunction prevention in the elderly. We identified the endothelial $G\alpha_{q/11}$

signaling pathway as a protective mechanism for cerebrovascular reactivity and the aging

vasculature in the brain. Microvascular targeting in endothelial dysfunction could counteract

age-related neurological disorders, as demonstrated by blood-brain barrier-stabilizing

approaches[47,48] or by VEGF administration[39]. In this study, we present endothelial G$\alpha_{q/11}$

signaling as an additional protective pathway that should be maintained and could be targeted

in cerebrovascular dysfunction.

ACKNOWLEDGMENTS

We would like to thank Beate Lembrich and Ines Stölting (University of Lübeck, Germany) for

their expert technical assistance. We also thank Sonja Binder (University of Lübeck, Germany)

for support with behavioral tests. This research was supported by grants from the European

Research Council (Synergy grant no. 2019-WATCH-810331 to R.N., V.P., and M.S.), the

Deutsche Forschungsgemeinschaft (SCHW 416/12-1 to M.S.; WE 6456/1-1 to J.W.; GRK1957

to M.S. and J.W.), and the Marie Skłodowska-Curie European Union's Horizon 2020 research

and innovation program (no. 813294 (ENTRAIN) to M.S. and J.W.). Graphical inlets were

created with BioRender.com.

REFERENCES

1   Jones, A. *et al.* Potentially modifiable risk factors for dementia and mild cognitive
impairment: an umbrella review and meta-analysis. *Dement Geriatr Cogn Disord* **53**,
91-106, doi:10.1159/000536643 (2024).
2   Iadecola, C. & Gottesman, R. F. Neurovascular and cognitive dysfunction in
hypertension. *Circulation research* **124**, 1025-1044,
doi:10.1161/CIRCRESAHA.118.313260 (2019).
3   Frankel D S, M. J. B., Massaro J M, Wilson P W F , O'Donnell C J, D'Agostino R B, Tofler
G H. Von Willebrand factor, type 2 diabetes mellitus, and risk of cardiovascular
disease: the framingham offspring study. *Circulation* **118**, 2533-2539,
doi:10.1161/CIRCULATIONAHA.108.792986. (2008).
4   Markus, H. S. & Joutel, A. The pathogenesis of cerebral small vessel diseases and
vascular cognitive impairment. *Physiological reviews*,
doi:10.1152/physrev.00028.2024 (2025).
5   Yang, T., Sun, Y., Lu, Z., Leak, R. K. & Zhang, F. The impact of cerebrovascular aging on
vascular cognitive impairment and dementia. *Ageing Res Rev* **34**, 15-29,
doi:10.1016/j.arr.2016.09.007 (2017).

6   Li, T. *et al.* Age-related cerebral small vessel disease and inflammaging. *Cell Death Dis*
11, 932, doi:10.1038/s41419-020-03137-x (2020).
7   Virdis A, M. S., Colucci R, Chiriacò M, Uliana M, Puxeddu I, Bernardini N, Blandizzi C,
Taddei S, . Microvascular endothelial dysfunction in patients with obesity. *Current*
Hypertension Reports **21**, doi:10.1007/s11906-019-0930-2 (2019).
8   Debette, S., Schilling, S., Duperron, M. G., Larsson, S. C. & Markus, H. S. Clinical
significance of magnetic resonance imaging markers of vascular brain injury: a
systematic review and meta-analysis. *JAMA Neurol* **76**, 81-94,
doi:10.1001/jamaneurol.2018.3122 (2019).
9   Kremer, R., Williams, A. & Wardlaw, J. Endothelial cells as key players in cerebral
small vessel disease. *Nature reviews. Neuroscience* **26**, 179-188, doi:10.1038/s41583-
024-00892-0 (2025).
10   Schaeffer, S. & Iadecola, C. Revisiting the neurovascular unit. *Nature neuroscience* **24**,
1198-1209, doi:10.1038/s41593-021-00904-7 (2021).
11   Letra L., S. C. Cerebrovascular Disease: Consequences of obesity-induced endothelial
dysfunction. *Advances in Neurobiology*, doi:10.1007/978-3-319-63260-5_7. (2017).
12   Santisteban, M. M., Iadecola, C. & Carnevale, D. Hypertension, neurovascular
dysfunction, and cognitive Impairment. *Hypertension* **80**, 22-34,
doi:10.1161/HYPERTENSIONAHA.122.18085 (2023).
13   Horton, W. B. & Barrett, E. J. Microvascular dysfunction in diabetes mellitus and
cardiometabolic disease. *Endocrine reviews* **42**, 29-55, doi:10.1210/endrev/bnaa025
(2021).
14   Vlegels, N. *et al.* The relation between cerebral small vessel function and white
matter microstructure in monogenic and sporadic small vessel disease - the
ZOOM@SVDs study. *Cereb Circ Cogn Behav* **8**, 100383,
doi:10.1016/j.cccb.2025.100383 (2025).
15   Wang, S. *et al.* Superficial white matter microstructure affects processing speed in
cerebral small vessel disease. *Hum Brain Mapp* **43**, 5310-5325,
doi:10.1002/hbm.26004 (2022).
16   Wang, S. *et al.* P2Y(2) and Gq/G(1)(1) control blood pressure by mediating
endothelial mechanotransduction. *The Journal of clinical investigation* **125**, 3077-
3086, doi:10.1172/JCI81067 (2015).
17   Wenzel, J. *et al.* Impaired endothelium-mediated cerebrovascular reactivity promotes
anxiety and respiration disorders in mice. *Proceedings of the National Academy of*
Sciences of the United States of America **117**, 1753-1761,
doi:10.1073/pnas.1907467117 (2020).
18   Chen, M. B. *et al.* Brain endothelial cells are exquisite sensors of age-related
circulatory cues. *Cell reports* **30**, 4418-4432 e4414, doi:10.1016/j.celrep.2020.03.012
(2020).
19   Bennett, H. C. *et al.* Aging drives cerebrovascular network remodeling and functional
changes in the mouse brain. *Nature communications* **15**, 6398, doi:10.1038/s41467-
024-50559-8 (2024).
20   Ridder, D. A. *et al.* TAK1 in brain endothelial cells mediates fever and lethargy. *The*
Journal of experimental medicine **208**, 2615-2623, doi:10.1084/jem.20110398 (2011).
21   Mori, T. *et al.* Inducible gene deletion in astroglia and radial glia--a valuable tool for
functional and lineage analysis. *Glia* **54**, 21-34, doi:10.1002/glia.20350 (2006).
22   Nizar, K. *et al.* In vivo stimulus-induced vasodilation occurs without IP3 receptor
activation and may precede astrocytic calcium increase. *The Journal of neuroscience :*

| 331 | | *the official journal of the Society for Neuroscience* **33**, 8411-8422, doi:10.1523/JNEUROSCI.3285-12.2013 (2013). |

the official journal of the Society for Neuroscience **33**, 8411-8422,

doi:10.1523/JNEUROSCI.3285-12.2013 (2013).

23 Institoris, A. *et al.* Astrocytes amplify neurovascular coupling to sustained activation

of neocortex in awake mice. *Nature communications* **13**, 7872, doi:10.1038/s41467-

022-35383-2 (2022).

24 Harraz, O. F., Longden, T. A., Dabertrand, F., Hill-Eubanks, D. & Nelson, M. T.

Endothelial GqPCR activity controls capillary electrical signaling and brain blood flow

through PIP2 depletion. *Proceedings of the National Academy of Sciences of the*

United States of America **115**, E3569-E3577, doi:10.1073/pnas.1800201115 (2018).

25 Longden, T. A. *et al.* Local IP(3) receptor-mediated Ca(2+) signals compound to direct

blood flow in brain capillaries. *Science advances* **7**, doi:10.1126/sciadv.abh0101

(2021).

26 Mughal, A. *et al.* Electrocalcium coupling in brain capillaries: Rapidly traveling

electrical signals ignite local calcium signals. *Proceedings of the National Academy of*

Sciences of the United States of America **121**, e2415047121,

doi:10.1073/pnas.2415047121 (2024).

27 Ridder, D. A. *et al.* Brain endothelial TAK1 and NEMO safeguard the neurovascular

unit. *The Journal of experimental medicine* **212**, 1529-1549,

doi:10.1084/jem.20150165 (2015).

28 Madisen, L. *et al.* A robust and high-throughput Cre reporting and characterization

system for the whole mouse brain. *Nature neuroscience* **13**, 133-140,

doi:10.1038/nn.2467 (2010).

29 de Leeuw, F. E. *et al.* Endothelial cell activation is associated with cerebral white

matter lesions in patients with cerebrovascular disease. *Annals of the New York*

Academy of Sciences **977**, 306-314, doi:10.1111/j.1749-6632.2002.tb04831.x (2002).

30 Rajani, R. M. *et al.* Reversal of endothelial dysfunction reduces white matter

vulnerability in cerebral small vessel disease in rats. *Sci Transl Med* **10**,

doi:10.1126/scitranslmed.aam9507 (2018).

31 Faraco, G. *et al.* Dietary salt promotes cognitive impairment through tau

phosphorylation. *Nature* **574**, 686-690, doi:10.1038/s41586-019-1688-z (2019).

32 Wang, Y. & Mandelkow, E. Tau in physiology and pathology. *Nature reviews.*

Neuroscience **17**, 5-21, doi:10.1038/nrn.2015.1 (2016).

33 Bathina, S. & Das, U. N. Brain-derived neurotrophic factor and its clinical implications.

Arch Med Sci **11**, 1164-1178, doi:10.5114/aoms.2015.56342 (2015).

34 Quirie, A. *et al.* Anxio-depressive phenotype and impaired memory in mice with a

conditional knockout of brain-derived neurotrophic factor in endothelial cells. *Am J*

Physiol Cell Physiol **328**, C303-C314, doi:10.1152/ajpcell.00699.2024 (2025).

35 Brown, W. R. A review of string vessels or collapsed, empty basement membrane

tubes. *Journal of Alzheimer's disease : JAD* **21**, 725-739, doi:10.3233/JAD-2010-

100219 (2010).

36 Salat, D. H. Imaging small vessel-associated white matter changes in aging.

Neuroscience **276**, 174-186, doi:10.1016/j.neuroscience.2013.11.041 (2014).

37 Sivaraj, K. K. *et al.* Endothelial Galphaq/11 is required for VEGF-induced vascular

permeability and angiogenesis. *Cardiovascular research* **108**, 171-180,

doi:10.1093/cvr/cvv216 (2015).

38 Gao, X. *et al.* Reduction of neuronal activity mediated by blood-vessel regression in

the adult brain. *Nature communications* **16**, 5840, doi:10.1038/s41467-025-60308-0

(2025).

379	39	Grunewald, M. *et al.* Counteracting age-related VEGF signaling insufficiency
380		promotes healthy aging and extends life span. *Science* **373**,
381		doi:10.1126/science.abc8479 (2021).
382	40	Aksan, B. & Mauceri, D. Beyond vessels: unraveling the impact of VEGFs on neuronal
383		functions and structure. *J Biomed Sci* **32**, 33, doi:10.1186/s12929-025-01128-8
384		(2025).
385	41	Denecke, J. *et al.* Reduced myelin contributes to cognitive impairment in patients
386		with monogenic small vessel disease. *Alzheimer's & dementia : the journal of the*
387		*Alzheimer's Association* **21**, e70127, doi:10.1002/alz.70127 (2025).
388	42	Gunning-Dixon, F. M., Brickman, A. M., Cheng, J. C. & Alexopoulos, G. S. Aging of
389		cerebral white matter: a review of MRI findings. *Int J Geriatr Psychiatry* **24**, 109-117,
390		doi:10.1002/gps.2087 (2009).
391	43	Benisty, S. *et al.* White-matter lesions without lacunar infarcts in CADASIL. *Journal of*
392		*Alzheimer's disease : JAD* **29**, 903-911, doi:10.3233/JAD-2012-111784 (2012).
393	44	Muller, K., Courtois, G., Ursini, M. V. & Schwaninger, M. New insight into the
394		pathogenesis of cerebral small-vessel diseases. *Stroke* **48**, 520-527,
395		doi:10.1161/STROKEAHA.116.012888 (2017).
396	45	Tong, X. K. & Hamel, E. Simvastatin restored vascular reactivity, endothelial function
397		and reduced string vessel pathology in a mouse model of cerebrovascular disease.
398		*Journal of cerebral blood flow and metabolism : official journal of the International*
399		*Society of Cerebral Blood Flow and Metabolism* **35**, 512-520,
400		doi:10.1038/jcbfm.2014.226 (2015).
401	46	Reeson, P., Choi, K. & Brown, C. E. VEGF signaling regulates the fate of obstructed
402		capillaries in mouse cortex. *eLife* **7**, doi:10.7554/eLife.33670 (2018).
403	47	Greene, C. *et al.* Microvascular stabilization via blood-brain barrier regulation
404		prevents seizure activity. *Nature communications* **13**, 2003, doi:10.1038/s41467-022-
405		29657-y (2022).
406	48	Martin, M. *et al.* Engineered Wnt ligands enable blood-brain barrier repair in
407		neurological disorders. *Science* **375**, eabm4459, doi:10.1126/science.abm4459
408		(2022).
409	49	Wettschureck, N. *et al.* Absence of pressure overload induced myocardial
410		hypertrophy after conditional inactivation of Galphaq/Galpha11 in cardiomyocytes.
411		*Nature medicine* **7**, 1236-1240, doi:10.1038/nm1101-1236 (2001).
412	50	Huber, G. *et al.* Telmisartan prevents high-fat diet-induced neurovascular
413		impairments and reduces anxiety-like behavior. *Journal of cerebral blood flow and*
414		*metabolism : official journal of the International Society of Cerebral Blood Flow and*
415		*Metabolism* **41**, 2356-2369, doi:10.1177/0271678X211003497 (2021).
416	51	Csaszar, E. *et al.* Microglia modulate blood flow, neurovascular coupling, and
417		hypoperfusion via purinergic actions. *The Journal of experimental medicine* **219**,
418		doi:10.1084/jem.20211071 (2022).
419	52	Luh, W. M., Wong, E. C., Bandettini, P. A. & Hyde, J. S. QUIPSS II with thin-slice TI1
420		periodic saturation: a method for improving accuracy of quantitative perfusion
421		imaging using pulsed arterial spin labeling. *Magnetic resonance in medicine* **41**, 1246-
422		1254 (1999).
423	53	Binder, S. *et al.* Sleep enhances memory consolidation in the hippocampus-
424		dependent object-place recognition task in rats. *Neurobiol Learn Mem* **97**, 213-219,
425		doi:10.1016/j.nlm.2011.12.004 (2012).

54   Murai, T., Okuda, S., Tanaka, T. & Ohta, H. Characteristics of object location memory
in mice: Behavioral and pharmacological studies. *Physiol Behav* **90**, 116-124,
doi:10.1016/j.physbeh.2006.09.013 (2007).
55   Binder, S. *et al.* Monosynaptic hippocampal-prefrontal projections contribute to
spatial memory consolidation in mice. *The Journal of neuroscience : the official*
journal of the Society for Neuroscience **39**, 6978-6991 (2019).
56   Wenzel, J. *et al.* The SARS-CoV-2 main protease M(pro) causes microvascular brain
pathology by cleaving NEMO in brain endothelial cells. *Nature neuroscience* **24**, 1522-
1533, doi:10.1038/s41593-021-00926-1 (2021).
435

METHODS

Mice

All the mouse lines were established on a C57BL/6 background. We used littermate mice that

were sex- and age-matched between experimental groups. All animal experiments were

approved by the local animal ethics committee (Regierungspräsidium Karlsruhe; Ministerium

für Landwirtschaft, Umwelt und ländliche Räume, Kiel, Germany). The mice were kept at a

constant temperature (22°C) on a 12-hour light/ dark cycle and were provided with standard

laboratory chow and water *ad libitum*.

Brain endothelial-specific knockout (beKO) animals were generated by using the BAC-

transgenic *Slco1c1*-CreER[T2] strain[20], which expresses the tamoxifen-inducible CreER[T2]

recombinase under the control of the mouse *Slco1c1* regulatory sequences in brain

endothelial cells. The Cre mice were crossed with mice carrying a floxed Gα$_q$ allele (Gnaq^{fl/fl}),

and they were Gα$_{11}$-deficient (Gna11^{-/-})[49] (Gnaq^{fl/fl}::Gna11^{-/-}), leading to a deletion of the

Gα$_{q/11}$ pathway in brain endothelial cells. Littermates lacking the Cre transgene and

heterozygous for Gα$_{11}$ (Gnaq^{fl/fl}::Gna11^{-/+}) were used as controls and received tamoxifen in

parallel with the knockout animals. To induce the deletion of the Gα$_{q/11}$ pathway in astrocytes,

we used a Glast-CreER[T2] mouse line[21], and to assess recombination in the *Slco1c1*-CreER[T2]

strain, we used the Ai14 reporter mouse leading to tdTomato expression upon

recombination[28].

All animals were injected with 1 mg tamoxifen (Sigma-Aldrich) per 20 g body weight dissolved

in 90% miglyol® 812 /10% ethanol i.p. every 12 h for 5 consecutive days. The investigators

were blinded to the genotype of the mice in all experiments and analyses.

Neurovascular Coupling and CO_2 stimulation - Laser speckle imaging.

The mice were anesthetized with ketamine (70 µg/g body weight, bela-pharm) and xylazine

(16 µg/g body weight, Bayer AG). The body temperature was maintained at 37 ± 0.2°C

throughout the study using a feedback-regulated warming system (TCAT-2LV, Physitemp

Instruments). A small ventilatory tube was inserted into the trachea after tracheotomy was

performed and connected to a small animal ventilation device (MiniVent, Harvard Apparatus).

The mice were ventilated with a gas mixture reflecting normal air (21 % O_2, 79 % N_2). The

ventilation volume was constant, and the ventilation frequency was adjusted to a

physiological expiratory CO_2 concentration of 35-45 mmHg that was continuously controlled

during the experiments with a capnometer (microCapstar, CWE Inc.). The skin over the head

was removed, but the skull remained intact for the whole experiment. Laser speckle imaging

(FLPI, Moor instruments) was carried out using a recording rate of 0.25 Hz during CO_2

stimulation or 25 Hz to measure neurovascular coupling responses. Regions of interest were

defined over the somatosensory cortex (see Fig. 1D), and the flux intensities were normalized

to the baseline values. CO_2 stimulation was performed using a gas mixture containing 10 %

CO_2, combined with 21 % O_2 and 69 % N_2. To measure neurovascular coupling, the whisker

pad was electrically stimulated for five seconds using bipolar pulses (750 µA, 1 ms, 5 Hz;

STG4002, Multichannel systems) after inserting two needle electrodes subcutaneously as

described before[50]. Stimulation was performed five times, and mean curves of each mouse

were analyzed.

Neurovascular Coupling - laser Doppler recording

The mice were anesthetized with 1.5–2 % isoflurane in a mixture of 40 % O_2 and 60 % N_2, and

were allowed to breathe spontaneously through a head mask. The body temperature was

maintained at 37 °C with a servo-controlled heating pad. The animal was fixed in a stereotaxic

frame, and a craniotomy was performed in the right parietal bone using a drill. The dura in the

cranial window was carefully dissected, and the tissue was kept wet with aCSF (pH 7.4). A laser

Doppler needle probe (Periflux 5000, Perimed AB) was positioned at the somatosensory

cortex. Neurovascular stimulation was performed as previously described[51]. In brief, whiskers

were stimulated electromechanically with a bending actuator (#PL112-PL140; PICMA)

connected to a piezo amplifier (#E-650 Amplifier, Physik Instrumente) according to the

following protocol: the left whiskers were stimulated for 30 s, repeated 3 times, 60 s apart.

Stimulation-evoked perfusion responses in the contralateral cortex were recorded using the

laser Doppler probe.

Local field potential (LFP) recordings

LFPs were measured as described before[27]. Briefly, mice were prepared in a similar way to

that for laser speckle imaging, including anesthesia with ketamine/xylazine and artificial

ventilation (see above). Two holes were drilled to place the electrodes (Tungsten

microelectrodes; FHC), the first one over the cerebellum for the reference electrode and a

second one over the barrel cortex for the recording electrode. The whisker pad was stimulated

in a similar way to the neurovascular coupling stimulation described above, using electrodes

inserted into the whisker pad and an electrical stimulator. The stimulus was the same as

described before, too (see above). LFPs were recorded with an amplifier (Model 1800; AM-

Systems) and converted into a digital format by an AD converter (PowerLab 8/30 ML870;

ADInstruments). LabChart 7 (ADInstruments) was used to record and analyze the data

(sampling rate 20 kHz; notch filter 50 Hz). For each mouse, four to six different areas in the

contralateral barrel cortex were recorded to find the region with the highest response upon

whisker stimulation. Here, each region was stimulated three times. Then the amplitudes of 30

pulses taken from the region having the highest amplitude were averaged for each mouse.

Arterial Spin labeling MRI measurements

Anesthesia was induced by 4 % and maintained at ~0.8-1 % isoflurane in 21 % O_2 and 79 % N_2.

The respiration rate and body temperature were continuously monitored using an MRI-

compatible system, and the temperature was maintained at 37 ± 0.2°C throughout the study

using a feedback-regulated warming system (Small Animal Instruments Inc.). The mice were

scanned using a 7 Tesla small animal MRI scanner (ClinScan, Bruker) with a ^1H receive-only 2x2

mouse brain surface array coil. The array coil was placed closely to the neck and back of the

head. Anatomical image data were acquired using a T2-weighted turbo spin-echo sequence

with the following sequence parameters: echo time – TE = 65 ms, repetition time – TR = 3000

ms, field of view – FoV = 16×16 mm^2, image matrix = 192×192, turbo factor = 9, number of

slices = 15, slice thickness = 0.5 mm, readout bandwidth = 100 Hz/pixel, 50 % phase

oversampling, and total acquisition time = 3:15 min. CBF was measured by arterial spin

labeling (ASL) with Q2TIPS (quantitative imaging of perfusion using a single subtraction with

interleaved thin-slice TI1 periodic saturation)[52] with TI1/TI2/SS = 900/1400/1375 ms and with

45 control-label pairs. Other ASL scanning parameters were: Echo planar imaging technique

with TE =7.3 ms, TR =3000 ms, FoV =16×16 mm^2, image matrix = 64×64, number of slices = 3,

slice thickness = 0.5 mm, partial Fourier factor =6/8, readout bandwidth = 4340 Hz/pixel, and

total acquisition time = 4:38 min.

Time-of-Flight (TOF) MR angiography

Time-of-Flight (TOF) MR angiography was performed during the same imaging session as

follows: TE = 3.06 ms, TR = 18 ms, FoV = 20×20 mm^2, image matrix = 256×256, partial Fourier

factor in phase encoding direction = 6/8, number of imaging slabs = 4, number of slices per

slab = 28, slab overlap = 18%, slice thickness = 0.13 mm, readout bandwidth = 151 Hz/pixel,

total acquisition time = 6:24 min. The voxel size of the data sets was 78 x 78 x 51 µm.

For analyses of the cerebral arterial vasculature, the TOF data sets were analyzed using IMARIS

(v9.9.1, Bitplane) as illustrated in Extended Fig. 3. An autopath tracing algorithm was used for

the analysis of the middle cerebral artery (MCA) and posterior cerebral artery (PCA) of the left

and right hemispheres. In brief, we used the surface creation feature of the software, followed

by an automatic thresholding adjustment to subtract background signals, and a manual

deletion of signals that were not part of the cerebral artery network. A mask of the final

surface was created, and the filament tracing tool of the software was used to generate an

autopath. To analyze only the vessel structure of the MCAs and PCAs, the starting points were

set to the diverging points at the Circle of Willis. The mean diameter, the volumes, and the

straightness were measured in all detectable branches of the traced MCAs and PCAs and

averaged for each animal.

Two-photon microscopy

Mice were anesthetized with urethane (1.8 – 2.0 mg/g body weight), tracheotomized, and

artificially ventilated (79 % N_2, 21 % O_2; MiniVent, Hugo Sachs Elektronik). The ventilation

volume was constant, and the ventilation frequency was adjusted to a physiological expiratory

CO_2 concentration of 35-45 mmHg that was continuously controlled during the experiments

with a capnometer (microCapstar, CWE Inc.). Tetramethylrhodamine B thiocarbamoyl (TRITC)

dextran (2 %, 150 kDa, TdB consultancy) was injected intravenously to visualize the

vasculature. In a stereotactic frame, an open cranial window was drilled and covered with an

artificial tears gel (Bausch&Lomb) to bridge the working distance of the water immersion

objective used. Images were acquired with a two-photon microscope (TRiM Scope I, LaVision

Biotec), equipped with an optical parametric oscillator Titan-Saphir laser combination

(Coherent Inc.). Image stacks of 1 x 1 x 0.5 mm volume with a step size of 2 μm were scanned

during the excitation of TRITC with a wavelength of 1100 nm. Line scans along single vessels

were performed with a scanning frequency of 800-900 Hz for one second to determine the

flow speed of red blood cells and the direction of blood flow. To assess arteriolar and venular

vessels, at least three branches of the same vascular tree were scanned to define converging

or diverging vessels. ImageJ software was then used to analyze vessel diameters and blood

cell speed after stacking the line scans.

Object place recognition test

The object place recognition (OPR) test was performed with appropriate adaptations as

described earlier[53]. First, mice underwent a habituation phase once per day for three days

during which they were placed in the center of a dimly lit (approximately 20 lux) rectangular

open field apparatus and left for 10 min to freely explore it. The next day, the sample trial and

the test trial took place. In the sample trial, two identical objects were placed in the corners

of the apparatus, and the mice were allowed 10 min to explore the apparatus and the objects

freely. Afterwards, the mice were transported back to their home cage for 60 min. During the

test trial, the mice were placed in the open field apparatus and allowed for five min to explore

the previously presented objects, with the difference being that one object was displaced. A

visual clue attached to the wall of the apparatus was used for the spatial orientation of the

mice[54]. The animals' behavior during the OPR test was recorded with a digital camera, and

the scoring procedure was conducted using the software ANY-maze (Stoelting Inc.). The

preference index was calculated as the ratio of time spent exploring the displaced object

divided by the total time for exploring both objects. Different combinations of objects and

objects' locations were used between animals and for each time point to eliminate any

possible biased preferences.

Barnes maze test

The Barnes maze test was performed as described previously[55] with minor adaptations. The

Barnes maze apparatus consisted of an elevated circular platform with 19 closed holes and

one open hole leading to an escape box (Stoelting Co., Cat. Nr. 60170). The mice were trained

to find the escape box based on visual cues placed in the surrounding environment. The

apparatus was brightly lit with approximately 350 lux. The mice underwent five days of

acquisition followed by the probe trials on days 6 and 17. During the acquisition trials, the

mice were placed in the middle of the apparatus and allowed to find the escape box for 3 min.

If the mice failed to locate or enter the escape hole in this period, they were gently guided

and placed inside the escape box. The mice were left inside the escape box for 1 min before

being transported back to the home cage. Each mouse received four acquisition trials daily

with an inter-trial interval of 15 min. On days 6 and 17, the escape box was removed, the hole

was closed, and the apparatus was turned by 180° to exclude the influence of intra-maze cues.

Then, mice were placed in the middle of the apparatus and allowed to explore it for 90 seconds

before being transported back to their home cage. The mice were recorded during acquisition

and probe trials, and the videos were analyzed offline using ANY-maze (Stoelting Inc.).

Carotid artery preparation

To assess the recombination in carotid arteries, the mice were perfused with 4 %

paraformaldehyde after Ringer perfusion under deep anesthesia. Subsequently, the region

where the common carotid artery diverges into the internal and the external carotid arteries

was prepared under a stereomicroscope. Then, a tissue block was removed and snap-frozen.

Cryosections (20 µm) were prepared using a cryostat (CM3050, Leica) and costained with DAPI

(#A1001, BioChemica, 1 µg/mL). The images were taken using a fluorescence microscope

(DMI6000B, Leica).

Tissue processing for subsequent protein analyses

Mice were transcardially perfused with heparin (2 or 10 IU/mL)/Ringer´s solution under deep

anesthesia. Brains were removed and either snap-frozen directly or post-fixed in 3.7 %

formalin solution at 4°C overnight. After post-fixation, the brains were washed and left for 48

h in a 30 % saccharose solution. Finally, the brains were snap-frozen in 2-methylbutane and

kept at -80°C until cryosectioning was performed.

Immunohistochemical staining and microscopy

Brains were cut with a cryotome (CM3050, Leica) at -25°C at a thickness of 20 µm and stored

at -20°C. For staining, the sections were permeabilized with 0.3 % Triton-X 100 for 15-30 min

and then blocked with 3-5 % BSA in 0.3 % Triton-X 100 for 30-75 min at room temperature.

Then, sections were incubated with the respective primary antibody diluted in the blocking

solution at 4°C overnight. Incubation with secondary antibodies took place for one hour at

room temperature. For collagen IV, caveolin-1, shank2, MAP2, and bassoon staining, an

antigen retrieval step (20 min boiling at 95°C in a 10 mM tri-sodium citrate buffer pH 6.0) was

included. For the MAP2 staining, a Fab fragment solution (115-007-003, Jackson

ImmunoResearch) was added to the blocking solution to reduce the nonspecific binding of the

primary antibody. The following primary antibodies were used: anti-Bassoon: #141016,

Synaptic Systems, 1:500; anti-Caveolin-1: #3267, Cell Signaling Technology, 1:400; anti-CD31:

#MCA2388, Bio-Rad, 1:200; anti-Collagen IV: #134001, Bio-Rad, 1:200; anti-GFAP: #AB5541,

Millipore, 1:400; anti-Iba1: #019-19741, FUJIFILM Wako, 1:400; anti-MAP2: #MA1-25044,

Thermo Fischer Scientific, 1:500; anti-MBP: #MAB386, Millipore, 1:250; anti-NeuN: #MAB377,

Millipore, 1:500; anti-Shank2: #162204, Synaptic Systems, 1:500.

The following secondary antibodies were used: anti-chicken Alexa Fluor 488: #ab150169,

Abcam, 1:200; anti-goat Alexa Fluor 488: #A11055, Thermo Fischer Scientific, 1:200; anti-goat

Alexa Fluor 555: #A21432, Thermo Fischer Scientific, 1:400; anti-guinea pig Alexa Fluor 633:

#A21105, Thermo Fischer Scientific, 1:400; anti-mouse Cy3: #715-165-151, Jackson

ImmunoResearch, 1:400; anti-mouse Alexa Fluor 555: #A21422, Thermo Fischer Scientific,

1:400; anti-rabbit Alexa Fluor 750: #A21039, Thermo Fischer Scientific, 1:400; anti-rat Alexa

Fluor 647: #ab150155, Abcam, 1:400.

The images were acquired using the fluorescence microscopes Leica DMI6000B and Leica

Stellaris 5. Analyses were performed in a blinded manner using ImageJ (National Institutes of

Health). String vessels were identified as structures positively stained for the basement

membrane component collagen IV and negatively stained for an endothelial marker as

described earlier[56].

Immunoblotting

Hippocampal and cortical tissue samples were prepared by cutting the respective brain

regions from frozen brains in the cryotome. Tissue was lysed, and the protein content was

determined using a Lowry assay. Samples were supplemented 1:4 with SDS buffer (0.75 M

Tris-HCl, 0.08 g ml−1 SDS, 40% glycerol, 0.4 mg ml−1 bromophenol blue, and 62 mg ml−1 DTT)

and incubated at 95 °C for 10 min. After loading on SDS–PAGE gels, proteins were transferred

to nitrocellulose membranes, which were then incubated with primary antibodies overnight

at 4°C. Afterwards, the membranes were incubated with HRP-conjugated secondary antibodies for two hours at room temperature. For detection, enhanced chemiluminescence (SuperSignal West Femto Substrate, Thermo Scientific) and a digital detection system (Fusion Solo S, Vilber) were used. Immunoblots were analyzed by the detection software or ImageJ (National Institutes of Health. The following antibodies were used: anti-pTau (Ser202/Thr205) AT8: #MN1020, Thermo Fischer Scientific, 1:1000; anti-pTau (Thr231) AT180: #MN1040, Thermo Fischer Scientific, 1:500; anti-Tau: #4019S, Cell Signaling Technologies, 1:1000; anti-Actin: #MAB1501, Millipore, 1:2500; anti-Albumin: #A90-134. Bethyl Laboratories, 1:16.000; anti-VEGFR2 55B11: #2479, Cell Signaling Technology, 1:1000; anti-mouse HRP: #P0447, DAKO Cytomation, 1:2500; anti-rabbit HRP: #P0448, DAKO Cytomation, 1:2500; anti-goat HRP: #P0160, DAKO Cytomation, 1:2500.

VEGF measurement

The concentration of VEGF was determined in blood collected from the heart of deeply anesthetized mice. After centrifuging at 16,400g and 4 °C for 5 min, EDTA plasma was stored at −80 °C before measurement. The amount of VEGF was determined by using a commercially available ELISA kit (RAB0509, Sigma-Aldrich) according to the manufacturer's protocol.

Statistics

No statistical methods were used to predetermine sample sizes, but our sample sizes are similar to those reported in previous publications[17,27,56]. All the values are expressed as means ± SEM. Analyses were performed using GraphPad Prism 8. Data values were assessed for normality and equality of variances. If the raw data did not meet these criteria, a non-parametric method was applied. Two groups were compared using a two-tailed, unpaired,

parametric Student's t-test or Mann-Whitney test. For multiple comparisons, we used one- or

two-way ANOVA as stated in the figure legends. Post-hoc tests were only performed if the

ANOVA test showed a significant difference. Survival was tested using the Log-rank (Mantel-

Cox) test. Differences were considered to be significant at $P < 0.05$.

Figure 1: Brain endothelial Gα_{q/11} signaling mediates cerebrovascular reactivity to CO_2 and

neuronal activity. (**A**) Representative images of perfusion measurements using laser speckle

imaging before and during CO_2 exposure. (**B**) Time course of cerebral blood flow (CBF) during

CO_2 exposure in ventilated, ketamine/xylazine-anesthetized Gα_{q/11}^{beKO} and control mice. N=7-

8. (**C**) Maximal CBF response of curves shown in (B). Mann-Whitney test. (**D**) Representative

images of perfusion measurements using laser speckle imaging before and during whisker pad

stimulation. Black circle indicates the analyzed area above the somatosensory cortex. (**E**) Time

course of cerebral blood flow (CBF) during whisker pad stimulation in ventilated,

ketamine/xylazine-anesthetized Gα_{q/11}^{beKO} and control mice. N=9-11; *p<0.05 in Sidak's post-

test after two-way-ANOVA. (**F**) Maximal CBF response of curves shown in (E). Mann-Whitney

test. (**G**) Representative traces of local field potentials measured in Gα_{q/11}^{beKO} and control mice

during whisker pad stimulation. (**H**) Mean amplitudes of local field potentials measured in

Gα_{q/11}^{beKO} and control mice. (**I**) Time course of CBF measured by laser Doppler flowmetry

during whisker pad stimulation in spontaneously breathing, isoflurane-anesthetized Gα_{q/11}^{beKO}

and control mice. N=17-27 recordings of 6-9 mice. (**J**) Maximal CBF response of curves shown

in (I). Mann-Whitney test. Shown are means±SEM. *p<0.05. **p<0.01.

Figure 2: Gα$_{q/11}$^{beKO} mice do not show structural or functional vascular alterations at baseline. (**A**, **B**) Representative images of reconstructed middle and posterior cerebral artery branches (MCA, PCA) from time-of-flight (TOF) angiography measurements in control (A) and Gα$_{q/11}$^{beKO} (B) mice. Color-coding indicates diameter of the respective vessel segment. See Extended Figure 2 for detailed reconstruction processing. (**C-H**) Quantifications of diameter, volume, and straightness of vascular branches of MCAs and PCAs of control and Gα$_{q/11}$^{beKO} mice. Branch order 1 refers to the first segment originating from the Circle of Willis. Means of left and right arteries are shown. N=8-14. Two-way ANOVA, significantly different variables are indicated in the graphs. (**I**) Maximum intensity projection of a volume taken by two-photon microscopy is shown (left side). Tissue depth is color-coded. Right upper panel: a single capillary filled with blood cells (dark gaps) is shown. Red line indicates a line scan to measure red blood cell (RBC) velocity. Stacking of line scans enables determination of velocity by taking the length of the line and the frequency of the scanning into account (right lower panel). (**J-L**) Diameter of penetrating arterioles (J), ascending venules (K), and capillaries (L) of control and Gα$_{q/11}$^{beKO} mice are shown. N=4-5. Two-way ANOVA (J, K), significantly different variables are indicated in the graphs. (**M**) Quantification of RBC velocities in different parts of the vascular tree of control and Gα$_{q/11}$^{beKO} mice is shown. N=4. Two-way ANOVA, significantly different variable is indicated in the graph. (**N**) Representative images of T2-weighted magnetic

718 resonance imaging (MRI) and arterial spin labeling (ASL) MRI of control and $G\alpha_{q/11}^{beKO}$ mice
719 are shown. T2 images were used to define regions to be analyzed in the ASL images. (**O**)
720 Quantification of ASL signals in different brain regions of control and $G\alpha_{q/11}^{beKO}$ mice are
721 shown. N=13. Two-way ANOVA, significantly different variable is indicated in the graph.
722 Shown are means±SEM.
723

Figure 3: Loss of brain endothelial Gα_{q/11} signaling leads to mild cognitive impairment in
aged mice. (**A**) Scheme of object place recognition (OPR) test with the upper part showing the
situation before and the lower part showing the situation after moving one of the two objects.
(**B-E**) OPR preference indices at different time points are shown. Tamoxifen was administered
at the age of 7-8 weeks to control and Gα_{q/11}^{beKO} mice to induce genetic deletion. Time points
indicate the age of the mice. Dotted lines mark chance level (0.5), and Student´s *t*-tests were
applied to test against chance level. N=9-18. (**F**) Scheme of Barnes maze test is shown with
different colors indicating different strategies to find the target hole. (**G**, **F**) The proportion of
different strategies on the training days is shown for control (G, N=16) and Gα_{q/11}^{beKO} (H, N=11)
mice. (**I**) Comparison of strategies used on day 5 of the training between control and Gα_{q/11}^{beKO}
mice. N=11-16. Two-way ANOVA followed by Sidak's posthoc test, strategy: p<0.001,
genotype x strategy: p<0.001. (**J**) Primary latency until the target hole was found during the
training days is shown for control and Gα_{q/11}^{beKO} mice. N=11-16. Two-way ANOVA, significantly
different variables are indicated in the graph. (**K**, **L**) Primary errors (K) and primary latency (L)
on test days 6 and 17 are shown for control and Gα_{q/11}^{beKO} mice. N=11-16, mixed effect analysis
for repeated measurements followed by Sidak's posthoc test, significantly different variables
are indicated in the graph. (**M**) Representative Western blots and quantification of
phosphorylated (AT8, pSer202/pThr205) and full tau in hippocampal tissue of control and
Gα_{q/11}^{beKO} mice are shown. Mann-Whitney test. Mean±SEM. *p<0.05, **p<0.01, ***p<0.001.

Figure 4: Aged Gα$_{q/11}$^{beKO} mice show vascular and structural alterations in the white matter
of the brain. (**A**) Representative images of myelin basic protein (MBP) in anterior cortex and
corpus callosum of control and Gα$_{q/11}$^{beKO} mice are shown. (**B**) Upper illustration indicates the
area of imaging and lower part shows the quantification of MBP intensities in respective areas
of aged control and Gα$_{q/11}$^{beKO} mice. N=10. Two-way ANOVA followed by Sidak's posthoc test,
significantly different variable is indicated in the graph. (**C**) Representative images of myelin
basic protein (MBP) in posterior cortex and corpus callosum of control and *Gα$_{q/11}$^{beKO}* mice are
shown. (**D**) Upper illustration indicates the area of imaging and lower part shows the
quantification of MBP intensities in respective areas of aged control and *Gα$_{q/11}$^{beKO}* mice. N=10.
Two-way ANOVA followed by Sidak's posthoc test, significantly different variable is indicated
in the graph. (**E**) Representative images of staining for endothelial cells (caveolin 1, Cav 1) and
basement membranes (collagen IV, Coll IV) in the cortex of control and Gα$_{q/11}$^{beKO} mice are
shown. Arrow indicates a string vessel, an empty basement membrane tube, indicating loss of
endothelial cells. (**F**, **G**) Quantification of string vessels (F) and vessel density (G) in cortex and
corpus callosum of aged control and Gα$_{q/11}$^{beKO} mice. N=10-15 Two-way ANOVA followed by
Sidak's posthoc test, significantly different variables are indicated in the graph. (**H**)
Representative images and quantification of Western blots of albumin in cortical and
hippocampal brain tissue of aged control and *Gα$_{q/11}$^{beKO}* mice. N=11-15 Two-way ANOVA
followed by Sidak's posthoc test, significantly different variable is indicated in the graph. (**I**)
Representative images and quantification of Western blots of VEGFR$_2$ in cortical brain tissue

of aged control and $G\alpha_{q/11}^{beKO}$ mice. Student´s t-test. N=10. Mean±SEM. *$p<0.05$, **$p<0.01$,

***$p<0.001$.

Extended Figure 1: Whole genome deletion of Gna11 or astrocytic deletion of the $G\alpha_{q/11}$
768
signaling pathway does not affect neurovascular coupling. (**A**) Time course of cerebral blood
769
flow (CBF) recording during whisker pad stimulation in $G\alpha_{11}$-*KO* and control mice. N=9-15. (**B**)
770
Maximal CBF response of curves shown in (A). (**C**) Time course of CBF recording during whisker
771
pad stimulation in $G\alpha_{q/11}$astroKO and control mice. N=6. (**B**) Maximal CBF response of curves
772
shown in (C). Mean±SEM.
773

774
775
Extended Figure 2: Recombination of the Slco1c1-CreER^{T2} mouse line starts at the bifurcation
between the internal and external carotid arteries. Shown are three different cross-sections
of tissue in the region where the common carotid artery diverges into the internal and the
external carotid arteries. A *Slco1c1-CreER^{T2}*; *Ai14^{flx/flx}* mouse, two weeks after the start of
tamoxifen injection, was used. TdTomato indicates recombination, and DAPI was used to
counterstain the tissue.

782
783
Extended Figure 3: Workflow for processing TOF angiography data sets. An example of a
data set obtained by time of flight (TOF) angiography MRI and its processing using the
software Imaris is shown. (**A**) original data set, (**B**) surface creation overlay, (**C**) final surface
creation after removing noise, (**D**) mask of the surface creation, (**E**) filaments detection, (**F**)
magnification of (E) and selection of middle cerebral arteries (MCA) and posterior cerebral
arteries (PCA) with the starting points (blue dots) at the circle of Willis. (**G**) shown are the final
filaments used for quantification (see main Figure 2).

791
792
Extended Figure 4: Increased phosphorylation of tau in brains of $Ga_{q/11}^{beKO}$ ***mice.*** (**A**)
Representative Western blots and quantification of phosphorylated (AT8, pSer202/pThr205)
and full tau in cortical tissue of control and $Ga_{q/11}^{beKO}$ mice are shown. (**B, C**) Representative
Western blots and quantification of phosphorylated (AT180, pThr231) and actin in
hippocampal (B) and cortical (C) tissue of control and $Ga_{q/11}^{beKO}$ mice are shown. Mean±SEM.
N=6-8, Mann-Whitney test, *p<0.05.

Extended Figure 5: No difference in neuronal markers in hippocampal subregions of aged
$Gα_{q/11}^{beKO}$ **mice.** (**A**, **B**) Representative images of staining for synaptic markers bassoon and
shank2 (A) and structural marker MAP2 (B) in hippocampal tissue of control and $Gα_{q/11}^{beKO}$
mice. (**C-K**) Quantification of mean intensities of bassoon (C, F, I), MAP2 (D, G, J), and Shank2
(E, H, K) are shown for the hippocampal regions dentate gyrus (C-E), CA1 (F-H), and CA3 (I-K)
in aged control and $Gα_{q/11}^{beKO}$ mice are shown. Mean±SEM.

807 ***Extended Figure 6: No difference in the number of neurons or neuroinflammatory markers***
808 ***in brains of aged Gα$_{q/11}$^{beKO} mice.*** (**A**, **B**) Representative images (A) and quantification (B) of
809 neuronal marker NeuN in cortex of aged control and Gα$_{q/11}$^{beKO} mice. (**C**, **D**) Representative
810 Western blots and quantification of brain-derived neurotrophic factor (BDNF) and actin in
811 cortical (C) and hippocampal (D) tissue of aged control and Gα$_{q/11}$^{beKO} mice are shown. (**C-G**)
812 Representative images (C) and quantification (D-G) of microglia (Iba1; D, F) and astrocytic
813 activation (GFAP, E, G) in cortical (D, E) and hippocampal (C, F, G) tissue of aged control and
814 Gα$_{q/11}$^{beKO} mice. N=10-15. Mean±SEM.

815
816
Extended Figure 7: Vessel density, string vessels, VEGF, and mortality in Gα$_{q/11}$^{beKO} mice. (**A,**
B) Vessel density (A) and string vessel (B) quantification in the cortex of adult control and
Gα$_{q/11}$^{beKO} mice. N=12-13. (**C, D**) Vessel density (C) and string vessel (D) quantification in the
hippocampus of aged control and Gα$_{q/11}$^{beKO} mice. N=10-15. Student´s t test. ***p<0.001. (**E**)
Quantification of VEGF concentration in plasma of adult and aged control and Gα$_{q/11}$^{beKO} mice.
N=9-18. (**F**) Survival curve of control and Gα$_{q/11}$^{beKO} mice. Tamoxifen was administered at the
age of 7-8 weeks. N=28-31. Log-rank (Mantel-Cox) test. Mean±SEM.